



Promoting Equity in Health: Strategies from Nursing Education for Clinical and Research Education

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Abstract

Health care access and outcomes may suffer as a result of their impact on education, power, and resources. In clinical and research training, health profession faculties must address the complex relationships between individual, interpersonal, institutional, social, and political factors that influence health outcomes. As a result, the goals of this paper are to provide examples of culturally sensitive nursing education training strategies. First, assumptions regarding race, culture, ethnicity, and health equity are investigated. Second, an undergraduate cancer case study and a graduate pediatric nursing program are described to demonstrate how cultural models can be used to integrate biomedical and psychosocial content in a course in undergraduate and graduate clinical training.

Keywords: Clinical training, Cultural sensitivity, Ethnicity, Health equity, Race, Research training

INTRODUCTION

Health professions faculties struggle with how to educate clinicians and researchers about these phenomena as the World Health Organization calls for improved health equity through actions related to the social determinants of health (Brach C, 2000). Faculty members in clinical education are contemplating ways to facilitate a deeper comprehension of cultural practices and beliefs in a variety of social contexts, from diagnosis to treatment to on-going care. That is, how can clinicians be taught to practice with cultural sensitivity and how can you create efficient care systems that respect people of different ethnic and cultural backgrounds? Additionally, faculties are considering how to prepare future researchers to work with vulnerable populations. This is how you can instruct researchers to collaborate with and empower diverse, vulnerable communities and populations in order to generate findings that raise the standard of care provided to these vulnerable groups (Beach MC, 2005). From a nursing training program partnered with a center for health disparities research at one US institution, this paper will provide examples of clinical and research training strategies that foster cultural sensitivity (Leininger M, 1996).

The World Health Organization and the Institute of Medicine in the United States' recent attention to health equity has shifted the focus of health faculty efforts away from training alone and toward education that includes issues related to health disparities and the social determinants of health. Differences in health outcomes based on patient, provider, and health system issues can be explained by focusing on health disparities. We are able to take a broader perspective on health outcomes by focusing on health equity, which includes how the distribution of power, income, goods, and services enables access to health care and other social sectors that support health (like education) (Foronda CL, 2008). The socio-political concept of race is based on appearance and skin color. Society has attempted to classify people into races according to their alleged biological differences. As of now, in the US, for instance, residents are approached to sort themselves as having a place with one of five racial gatherings. Hispanic is a reserved ethnic group that can refer to any race (LaVeist, 2000). In clinical and research settings, people can be stereotyped based on race even when they aren't aware of it; for instance, casually mentioning race in a presentation or applying epidemiological risk data improperly to any group member.

Poor health care and poor health outcomes may result from a lack of education, power, money, and resources caused by these factors. As a result, in clinical and research training, health faculties must address the complex relationships that exist between these individual, interpersonal, institutional, social, and political factors that influence health outcomes (Hutchinson MK, 2007).

Nursing schooling: utilizing explicative models

The information gathered from an elective experience in cancer care in the undergraduate nursing program at the University of Pennsylvania served as the inspiration for the Cancer Case Study. Faculty were concerned about designing a course where diverse student populations could not only master oncology nursing principles and data regarding cancer care outcomes but also key cultural and psychosocial issues related to the patient and family experience because cancer frequently evokes strong beliefs and meanings. The first student group's feedback revealed anxiety about communicating with patients of all ages and their families, providing psychosocial support, and creating individualized interventions (Powell D, 2005). As a result, the instructors of the course sought to shift the course's focus away from the biomedical and toward a more comprehensive, patient-centred model. The revisions were made with the intention of better preparing the students by immersing them in the cancer culture, which included the psychosocial and biomedical aspects of cancer care as well as the patient's and family's common values, beliefs, norms, patterns, and practices. There is a lack of published literature regarding the curriculum guidelines for undergraduate oncology nursing education and how to combine vital cultural and psychosocial competencies with biomedical aspects of disease (Meghani SH, 2008). However, the cultural anthropology literature on EMs provided direction.

Training in research for nurses

The Scholars Program is a unique opportunity to attract undergraduate and graduate students from minority groups who are underrepresented in research careers. Coaching and participatory and experiential learning strategies related to clinical scholarship, health disparities, racism, and ethnocentrism are included in the curriculum (Gennaro S, 2007). Integrative reviews, scientific posters, debates, and a publication provider racial concordance are short-term outcomes of the Scholars Program. Doctoral and postdoctoral preparation Exploration preparing is accessible to nursing understudies during and after their doctoral preparation. In one program, it focuses on women, children, and families who are at risk; and on the implementation of community interventions for families, children, and vulnerable women who are at risk of health disparities. Bio-behavioural and intervention strategies, in conjunction with community participatory interventions, are being planned for future research training to improve individual and community health. Another opportunity for postdoctoral candidates is

the two-week-long Summer Nursing Research Institute. It is based on the immersion model of postdoctoral nursing education, which includes peer support and mentorship to increase health disparities-related knowledge, skills, and networking (De Leon Siantz ML, 2007). Sixty hours of on-site instruction, guided research experiences, and follow-up consultation are devoted to scholarly growth.

CONCLUSION

To achieve success, innovative teaching methods and a well-prepared faculty are therefore required. Second, the Center for Health Disparities' staff members provide a unique and diverse group of professionals with whom these strategies can be planned, carried out, and evaluated. This kind of diversity is not just there by chance; rather, it is planned for. Although less diverse groups can implement these strategies, careful training and supervision are required. Thirdly, the instructors gain a wealth of knowledge not only about themselves but also about the students they are instructing. As a result, self-reflection should not only be encouraged but also expected throughout the engagement.

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